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Date: September 8, 2003 From: Bradley M. Ganz
To: Attn: Stephen D'Agosta Regarding: Serial No. 09/464,866;
U.S. Patent and Trademark Office, Art Unit 2674 Our Ref.: PHA-23.884
Telephone: (703) 308-8858 Pages 32 + Cover Sheet
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Fax 3 of 3

Please find attached copies of the following sent via facsimile on September 8, 2003 to the above-referenced facsimile number:

- Transmittal Form;
- Petition for Extension of Time;
- Fee Transmittal;
- Credit Card Form;
- Appeal Brief;
- Amendment and Response to Office Action Dated May 6, 2003; and
- Appendix A.

Respectfully Submitted,
Bradley M. Ganz, Esq.

A Professional Corporation

239 NW 13th Avenue, Suite 309, Portland, Oregon 97209 t 503.224.2713 f 503.296.2172 mail@ganzlaw.com

PTO/SB/21 (03-03)

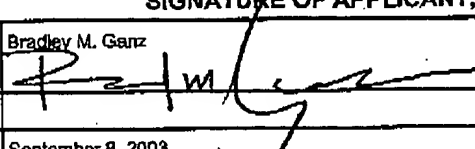
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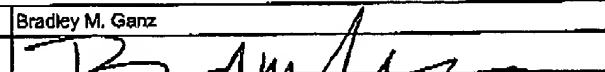
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/464,866	
	Filing Date	December 16, 1999	
	First Named Inventor	Richard Bryan Sagar	
	Art Unit	2884	
	Examiner Name	Stephen M. D'Agosta	
Total Number of Pages in This Submission	31	Attorney Docket Number	PHA-23,884

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Appendix A Credit card payment form
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Bradley M. Ganz
Signature	
Date	September 8, 2003

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Typed or printed	Bradley M. Ganz
Signature	
Date	September 8, 2003

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="font-size: small; margin: 0;">Effective 01/01/2003. Patent fees are subject to annual revision.</p>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 09/464,866	
		Filing Date: December 16, 1999	
		First Named Inventor: Richard Bryan Sagar	
		Examiner Name: Stephen M.	
		Art Unit: 2684	
TOTAL AMOUNT OF PAYMENT (\$)		430.00	
		Attorney Docket No.: PHA-23.884	

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-1001 Deposit Account Name: Bradley M. Ganz The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				FEE CALCULATION (continued)																																																																																																																																																															
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Total Claims: 20 = 20 * 20 = 400 Independent Claims: 3 = 3 * 20 = 60 Multiple Dependent: 0 = 0 * 20 = 0 SUBTOTAL (2) (\$)		4. SUBMITTER INFORMATION Name (Print/Type): Bradley M. Ganz Registration No. (Attorney/Agent): 34,170 Telephone: (503) 224-2713 Date: September 8, 2003	
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